



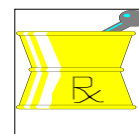
STATE MEDICAID P&T COMMITTEE MEETING

Thursday, December 21, 2013

7:00 a.m. to 8:30 a.m.

Cannon Health Building

Room 114



MINUTES

Committee Members Present:

Kort Delost, R.Ph.

Ellie Brownstein, M.D.

Beth Johnson, R.Ph.

Lisa Hunt, R.Ph.

Roger Martenau, M.D.

Elizabeth Young, Pharm.D.

Committee Members Excused:

Jameson Rice, Pharm.D.

Julia Ozbolt, M.D.

Bernadette Kiraly, M.D.

Dept. of Health/Div. of Health Care Financing Staff Present:

Timothy Morley R.Ph.

Trevor Smith, C.Ph.T.

Robyn Seely, Pharm.D.

University of Utah Drug Information Center Staff Present:

Melissa Archer, Pharm.D.

Gary Oderda, Pharm.D, MPH

Other Individuals Present:

Scott Larson, BMS

Paul Bonham, NovoNordisk

Summar Bieda, Purdue

Meeting conducted by: Kort Delost

- 1. Review and Approval of October Minutes:** Roger Martenau moved to approve the minutes. Beth Johnson seconded the motion. The vote was unanimous and the motion carried.
- 2. Housekeeping:** Utah Medicaid is preparing a PDL for 2014, that should be released in January.
- 3. Drug Utilization Review (DUR) Board update:** Robyn Seely reported that there was no DUR meeting for December. The DUR board will meet in January to discuss insulin pens.
- 4. Topical Immune Modulators:** Melissa Archer presented a review of Phosphate Binding. Peer-reviewed research regarding the safety and efficacy of each agent, disease-state treatment guidelines and Utah Medicaid utilization data was presented.

5. Other States Report: Lisa Hunt said that Iowa has both drugs non preferred, and Maine has Elidel preferred and tacrolimus non preferred.

6. No Public comment

7. Committee discussion

- a. Kort Delost questioned if there is a difference between the 0.3% and .1% different products.
- b. Melissa Archer said that they did not report differences in those agents, but the 0.3% is used in mild to moderate and the .1% is used in moderate to severe cases. She said that there was not a head to head study between the agents.
- c. Kort Delost questions if the products are polyethylene glycol based.
- d. Ellie Brownstein clarified that these products are 2nd line treatments.
- e. Beth Young said that the agents appear equally safe and efficacious.
- f. Ellie Brownstein made a motion that both agents are equally safe and effective. Beth Johnson seconded the motion. All committee members approve.

8. Topical Analgesics and Anesthetic Agents: Melissa Archer presented a review of Topical Analgesics and Anesthetic Agents. Peer-reviewed research regarding the safety and efficacy of each agent, disease-state treatment guidelines and Utah Medicaid utilization data was presented.

9. Other States Report: Lisa Hunt showed information about the preferred and non preferred status of other states in this drug class.

10. No Public comment

11. Committee discussion

- a. Kort Delost said that we must be careful when looking at this for preferred and non preferred status, as some products have uses that are unsafe to use in certain parts of the body.
- b. Beth Young asked if the topical Lidocaine was topical or oral. Melissa Archer said that it includes both formulations.
- c. Beth Young said that it is important to consider the uses. It would be unwise to group these all together.
- d. Lisa Hunt said that the Non-steroidal topical agents are already included on the PDL.

- e. Beth Johnson said that she has seen very extreme misuse of topical lidocaine, and patients use too much causing cardiac arrest.
- f. Lisa Hunt said that Utah Medicaid could look at putting quantity limits on the Lidocaine.
- g. Tim Morley said that the committee can make a recommendation that the agents are equally effective but not equally safe.
- h. Beth Johnson said that it would be difficult to put a hard quantity limit on the drug, as one small tube could be used incorrectly, especially in pediatric or people with low body mass.
- i. The committee all agreed that the usage reports are not complete, as they are not specific in why they are prescribed, and what formulation of the product.
- j. Discussion about the need to educate physicians about misuse. Some patients get the medication directly from the clinic, whereas other get it from the pharmacy.
- k. Ellie Brownstein asked if we should look at lidocaine separately. She said that even with lidocaine oral syrup, she worries that pediatric patients may get too much.
- l. Gary Oderda said that the DRRC could look at misuse or overprescribing of this drug with specific prescribers, and educate them.
- m. Melissa Archer said that the data prepared showing usage is only for rural counties.
- n. Lisa Hunt asked that the committee to consider putting this drug class on the PDL, to allow Utah Medicaid to look for Supplement rebate bids in this class. She said that this class is all open and covered, for all products, including the most expensive products.
- o. Beth Johnson said that she thinks it is important to make a decision to look at safety on these drugs.
- p. Kort Delost said that we can make a motion to have the DUR board look at this issue.
- q. Beth Young asked if the combination products are included in this review. She then said that performing some research done on past usage and to watch for overuse would be a good place to start. She said that we would need to know how much this is overused, or if it is only a few providers misusing.
- r. Kort Delost makes a motion that all the Topical Analgesics and Anesthetic Agents, including the combination agents, are equally efficacious but there is a

safety issue that should be considered by the DUR board. He said that the products are equally efficacious for inclusion in the PDL. Lisa Hunt seconds the motion. All in favor.

12. Next meeting is scheduled for January 16, 2014. Pediculocide agents will be discussed.

13. Kort Delost makes a motion to adjourn. Beth Johnson seconds, all in favor.

Minutes prepared by Trevor Smith

Recording available upon request, send email to medicaidpharmacy@utah.gov